



P.O. Box 4, Route 168
Shippingport, PA 15077

September 27, 2002

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report for August 2002 as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

A handwritten signature in dark ink, appearing to read "Joseph W. Venzon".

Joseph W. Venzon
Chemistry and
Environmental Manager

DJS

C: J.W. Venzon
Licensing File

IE251

Month: AUGUST
Year: 2002

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight	=	_____	dry tons
Post-incineration weight	=	_____	dry tons

UNIT 1

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gals)	X (% Solids)	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
8,000	2.5	.0000417	0.667			.01	
TOTAL			0.667	TOTAL			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	0.667			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager G. J. Joz - (724) 682-5113

Month: AUGUST
Year: 2002

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

UNIT 2

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE									
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
20,000		2.0	.0000417	=	1.67					.01	=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
				=							=		
TOTAL					=	1.67	TOTAL					=	

DISPOSAL SITE INFORMATION: LIST all sites, even if not used this month				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	1.67			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager *9/27/02* (724) 682-5113

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			101				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Flow	Sample Measurement	0.002	0.008	MGD	*	*	*		DAILY	CONT	
	Permit Requirement	MONITOR AND REPORT			*				DAILY	CONT	
Suspended Solids	Sample Measurement	*	*	*	*	14.0	14.0	MG/L	0	1/7	3 HRL 2 HOUR COMPOSITE
	Permit Requirement	*			30	100	1/1 WEEK				
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	MG/L	0	1/7	GRAB
	Permit Requirement	*			15	20	1/1 WEEK			GRAB	
Hydrazine	Sample Measurement	*	*	*	*	*	*	MG/L	*	*	*
	Permit Requirement	*			MONITOR AND REPORT				1/1 WEEK		GRAB
Ammonia	Sample Measurement	*	*	*	*	*	*	MG/L	*	*	*
	Permit Requirement	*			MONITOR AND REPORT				1/1 WEEK		GRAB
pH	Sample Measurement	*	*	*	7.15	*	8.46	S U	0	1/7	GRAB
	Permit Requirement	*			60	*	90		1/1 WEEK		GRAB
	Sample Measurement	*	*	*	*	*	*		*	*	*
	Permit Requirement	*			*						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzal
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Signature of Principal Executive Officer or Authorized Agent
Joseph W. Venzal

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.
* HYDRAZINE AND AMMONIA MONITORING ONLY APPLY DURING CONDITIONS OF WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN AUGUST 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

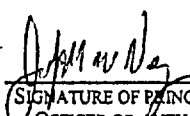
NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			301				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*	*	1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	45.0	45.0	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		*	30	100		2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	45.0	45.0	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		*	15	20		2/MONTH	GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)			TELEPHONE		DATE	
Joseph W. Venzon Chemistry Manager TYPE OR PRINT					724 682-5113		02 09 27	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
401
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEARMO DAY
020801
(20-21)(22-23)(24-25)

TO

YEARMO DAY
020831
(26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	4.0	4.0	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		30	100	2/MONTH		GRAB		
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		15	20	2/MONTH		GRAB		
pH	Sample Measurement	*	*	*	8.47	*	*	S.U.	0	2/31	GRAB
	Permit Requirement	*	*		6.0	*	*		2/MONTH	GRAB	
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venezel
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Signature of Principal Executive Officer or Authorized Agent

724 682-5113
AREA CODE NUMBER

TELEPHONE

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
501
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
08
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
08
(28-29)

DAY
31
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*			1/WEEK	ESTIMATE
Total Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L			1/WEEK	GRAB
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*
	Sample Measurement	*	*		*	*	*	*			*	*
	Permit Requirement	*	*	*	*	*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Uenzon
Chemical Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02
YEAR
09
MO
27
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
001
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
08
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
08
(28-29)

DAY
31
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	49.8	55.4				*	*	*		DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			MGD		*	*	*		DAILY	CONT
Free Available Chlorine	Sample Measurement	*	*				*	0.037	0.15	0	CONT	REC'D
	Permit Requirement	*	*	*			*	AVG CONC 0.2	MAX CONC 0.5	*	CONT	RECORDED
Total Residual Chlorine	Sample Measurement	*	*				*	0.09	0.20	0	1/1	GRAB
	Permit Requirement	*	*	*			*	0.5	INSTANT MAX 1.25	*	1/WEEK	GRAB
Clamtrol (CT-1)	Sample Measurement	*	*				*	*	*		*	*
	Permit Requirement	*	*	*			*	NOT DETECTABLE		*	WHEN DISCHARG	24 HOUR COMPOSITE
Betz DT-1	Sample Measurement	*	*				*	*	*		*	*
	Permit Requirement	*	*	*			*	*	35.0	*	WHEN DISCHARG	24 HOUR COMPOSITE
Chromium	Sample Measurement	*	*				*	*	*			
	Permit Requirement	*	*	*			*	0.2	0.2	*	2/YEAR	24 HOUR COMPOSITE
Zinc	Sample Measurement	*	*				*	*	*			
	Permit Requirement	*	*	*			*	1.0	1.0	*	2/YEAR	24 HOUR COMPOSITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
24 682-5113
AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* CT-1 (CLAMTROL) WAS NOT DISCHARGED IN AUGUST 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
001.(CONT)
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
08
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
08
(28-29)

DAY
31
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Hydrazine	Sample Measurement	*	*	*		**	**	**			**	**
	Permit Requirement	*	*	*		NOT DETECTABLE USING ASTM D-1385			MG/L	*	1/WEEK	GRAB
Ammonia	Sample Measurement	*	*	*		**	**	**			**	**
	Permit Requirement	*	*	*		MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
Phenols	Sample Measurement	*	*	*		LO.01	LO.01	LO.01			2/31	GRAB
	Permit Requirement	*	*	*		MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Iron	Sample Measurement	*	*	*		*	0.30	0.43			2/31	GRAB
	Permit Requirement	*	*	*		MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*	*		0.08	0.15	0.23			2/31	GRAB
	Permit Requirement	*	*	*		MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
pH	Sample Measurement	*	*	*		8.01	*	8.40		0	1/7	GRAB
	Permit Requirement	*	*	*		60	*	90	S.U.	*	1WEEK	GRAB
	Sample Measurement	*	*	*		*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.
** HYDRAZINE AND AMMONIA MONITORING ONLY APPLY DURING WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN AUGUST 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

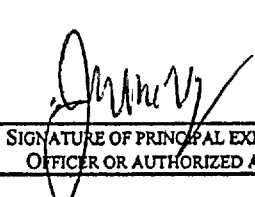
(2-16)			(17-19)				
PA0025615			102				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	09		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*	*	*	2/31	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*				
Suspended Solids	Sample Measurement	*	*	MG/L	*	S.S	6.0	*	0	2/31	GRAB	
	Permit Requirement	*	*		*	30	100	*				
Oil and Grease	Sample Measurement	*	*	MG/L	*	LS.0	LS.0	*	0	2/31	GRAB	
	Permit Requirement	*	*		*	15	20	*				
pH	Sample Measurement	*	*	S U.	7.86	*	7.90	*	0	2/31	GRAB	
	Permit Requirement	*	*		*	60	9.0	*				
	Sample Measurement	*	*		*	*	*	*	*		*	
	Permit Requirement	*	*		*	*	*	*				
	Sample Measurement	*	*		*	*	*	*	*		*	
	Permit Requirement	*	*		*	*	*	*				
	Sample Measurement	*	*		*	*	*	*	*		*	
	Permit Requirement	*	*		*	*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Uenzel
Chemist Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 09 21
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

002

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

02

08

01

02

08

31

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.006	0.046		*	*	*		1/7	Est
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Varzon

CHEMISTRY MANAGER

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum Imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE

NUMBER

TELEPHONE

DATE

02

09

27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)			
PA0025615			103			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	08	01		02	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.011	0.076			*	*	*			2/31	Mex
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*				
Suspended Solid	Sample Measurement	*	*			*	7.1	9.5		*	2/MONTH	ESTIMATE
	Permit Requirement	*	*	*	*	*	30	100		*	2/31	24 HR COMPOSITE
pH	Sample Measurement	*	*			6.94	*	7.45		0	2/31	GRAB
	Permit Requirement	*	*	*	60	*	*	9.0		*	2/MONTH	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*		*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*		*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*		*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*		*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*		*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Vernon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joseph W. Vernon

TELEPHONE
724 682-5113

DATE
02 09 27
YEAR MO DAY

AREA CODE NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)				
PA0025615			203				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.008	*		MGD	*	*	*	*	0	1/7	MEAS
	Permit Requirement	0.023	*			*	*	*	*	*	1/WEEK	MEASURED
CBOD-5 Day	Sample Measurement	*	*		MG/L	*	2.4	2.8	*	0	2/31	8HR COMP COMPOSITE
	Permit Requirement	*	*			*	25	50	*	*	2/MONTH	COMPOSITE
Suspended Solids	Sample Measurement	*	*		MG/L	*	19.9	24.2	*	0	2/31	8HR COMP COMPOSITE
	Permit Requirement	*	*			*	30	60	*	*	2/MONTH	COMPOSITE
Total Residual Chlorine	Sample Measurement	*	*		MG/L	*	0.33	0.54	*	0	2/31	GRAB
	Permit Requirement	*	*			*	1.4	INST MAX 33	*	*	2/MONTH	GRAB
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measurement	*	*		#/100 ML	*	4.9	7.0	*	0	2/31	GRAB
	Permit Requirement	*	*			*	200 2000	1000	*	*	2/MONTH	GRAB
pH	Sample Measurement	*	*		S.U.	*	7.73	8.01	*	0	2/31	GRAB
	Permit Requirement	*	*			*	6.0	9.0	*	*	2/MONTH	GRAB
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*			*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	TELEPHONE	DATE
JOSEPH W. VENZA Chemistry Manager TYPE OR PRINT			
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-5113 AREA CODE NUMBER	02 09 27 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

PA0025615			303			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	08	01		02	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.09	0.056		*	*	*	*	*	1	EST	
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*	S.S	6.3		0	1	GRAB	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1	GRAB	
Oil and Grease	Sample Measurement	*	*		*	LS.O	5.0		0	1	GRAB	
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1	GRAB	
pH	Sample Measurement	*	*		7.28	*	7.53		0	1	GRAB	
	Permit Requirement	*	*	*	60	*	90	S.U.	*	1	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venezia

Chemistry Manager

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

774 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 09 27

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

PA0025615

PERMIT NUMBER

403

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement											
	Permit Requirement	MONITOR AND REPORT			MGD						1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement											
	Permit Requirement				*		30	100	MG/L		1/WEEK	GRAB
Oil and Grease	Sample Measurement											
	Permit Requirement				*		15	20	MG/L		1/WEEK	GRAB
Hydrazine	Sample Measurement											
	Permit Requirement				*	NOT DETECTABLE USING ASTM D-1385			MG/L		1/WEEK	GRAB
Ammonia	Sample Measurement											
	Permit Requirement				*	MONITOR AND REPORT			MG/L		1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement											
	Permit Requirement				*		0.5	INSTANT-MAX 1.25	MG/L		1/WEEK	GRAB
Clamtrol (CT-1)	Sample Measurement											
	Permit Requirement				*	NOT DETECTABLE			MG/L		WHEN DISCHARGE	24 HOUR COMPOSITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venizal

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 09 27

YEAR MO DAY

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
403
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEARMO DAY
020801
(20-21)(22-23)(24-25)

TO

YEARMO DAY
020831
(26-27)(28-29)(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Betz DT-1	Sample Measurement	*	*			*	*					
	Permit Requirement	*	*	*	*	*		350	MG/L	*	WHEN DISCHARGE	24 HOUR COMPOSITE
pH	Sample Measurement	*	*			*	*					
	Permit Requirement	*	*	*	60	*		9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113
AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 2 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

003

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) . QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61):			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.038	0.144	MGD	*	*	*	*	2/31	Est
	Permit Requirement	MONITOR AND REPORT			*	*	*		2/MONTH	ESTIMATE
Iron	Sample Measurement	*	*	*	*	0.22	0.25	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		2/MONTH		GRAB	
Aluminum	Sample Measurement	*	*	*	*	0.08	0.09	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		2/MONTH		GRAB	
Phenols	Sample Measurement	*	*	*	*	10.01	10.01	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		2/MONTH		GRAB	
Nitrate-Nitrite	Sample Measurement	*	*	*	*	2.6	4.0	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		2/MONTH		GRAB	
Phosphorus	Sample Measurement	*	*	*	*	0.43	0.80	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		2/MONTH		GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon

Chemistry Manager

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

02

09

27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)				
PA0025615			004				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	2.09	2.31			*	*	*			1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*			*	0.09	0.12		0	1/7	GRAB
	Permit Requirement	*	*	*		*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement	*	*			*	0.18	0.24		0	1/7	GRAB
	Permit Requirement	*	*	*		*	0.5	1.25	MG/L	*	1/WEEK	GRAB
Iron	Sample Measurement	*	*			*	0.24	*			2/31	GRAB
	Permit Requirement	*	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*			*	0.15	0.29			2/31	GRAB
	Permit Requirement	*	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Phenols	Sample Measurement	*	*			*	20.01	20.01			2/31	GRAB
	Permit Requirement	*	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Chromium	Sample Measurement	*	*			*	0.2	0.2	mg/l		2/YEAR	GRAB
	Permit Requirement	*	*	*		*	MONITOR AND REPORT		mg/l	*	2/YEAR	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Varzon Chemical Manager TYPE OR PRINT		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 724 682-5113 AREA CODE NUMBER		DATE 02 09 27 YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

004 (CONT)

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

02

08

01

02

08

31

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		AVERAGE	MAXIMUM	UNITS			
Zinc	Sample Measurement	*	*			*				*		
	Permit Requirement	*	*	*		*	1.0	1.0	MG/L	*	2/YEAR	GRAB
pH	Sample Measurement	*	*			8.22	*	8.38			1/7	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon

CHEMISTRY MANAGER

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE

NUMBER

TELEPHONE

DATE

02

08

27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)
NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)			
PA0025615			006			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	08	01		02	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement						*	*	*			
	Permit Requirement		MONITOR AND REPORT				*	*	*		1/WEEK	ESTIMATE
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*
	Sample Measurement	*	*	*			*	*	*		*	*
	Permit Requirement	*	*	*	*		*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemist Manager TYPE OR PRINT	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum Imprisonment of between 6 months and 5 years)	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 09 27 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

007

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

02

08

01

02

08

31

No DISCHARGE

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measurement											
	Permit Requirement		MONITOR AND REPORT								1/WEEK	ESTIMATE
Free Available Chlorine	Sample Measurement											
	Permit Requirement						0.2 AVG CONC	0.5 MAX CONC	MG/L		1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement											
	Permit Requirement						0.5	1.25	MG/L		1/WEEK	GRAB
pH	Sample Measurement											
	Permit Requirement					6.0		9.0	S.U.		1/WEEK	GRAB
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Vernon

CHEMISTRY MANAGER

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

NUMBER

DATE

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

008
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 08 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 09 31
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Flow	Sample Measurement	40.00	40.00		*	*	*		1/1	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*	6.7	7.3		0	2/31	GRAB
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*		*	45.0	45.0		0	2/31	GRAB
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB
Ammonia	Sample Measurement	*	*		*	40.1	40.1		*	2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Iron tot	Sample Measurement	*	*		*	0.19	0.20		*	2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*		*	0.003	0.004			2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Manganese	Sample Measurement	*	*		*	0.09	0.09			2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Joseph W. Venzon Chemistry Manager TYPE OR PRINT						724 682-5113		02 09 27 YEAR MO DAY			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

008 (CONT)

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Phenols	Sample Measurement	*	*	*	*	*	20.01	20.01	*		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L		2/MONTH	GRAB
Zinc	Sample Measurement	*	*	*	*	*	0.068	0.074	*		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L		2/MONTH	GRAB
Color	Sample Measurement	*	*	*	*	*	17.5	18.0	*		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			UNITS		2/MONTH	GRAB
pH	Sample Measurement	*	*	*	*	8.00	*	8.10	*		2/31	GRAB
	Permit Requirement	*	*	*	*	6.0	*	9.0	S.U.		2/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venson

CHEMIST/ MANAGER

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Tolera

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

02

09

27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 2 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
110
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
08
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
08
(28-29)

DAY
31
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement											
	Permit Requirement	MONITOR AND REPORT			MGD						1/WEEK	ESTIMATE
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum Imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113
AREA CODE NUMBER

02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			010				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measurement	5.29	5.62	MGD	*	*	*	*		1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*	*	*	0.0	0.0	MG/L		1/7	GRAB
	Permit Requirement	*	*		*	AVG CONC 0.2	MAX CONC 0.5		*	1/WEEK	GRABWHILE CHLORO
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.0	0.0	MG/L		1/7	GRAB
	Permit Requirement	*	*		*	0.5	1.25		*	1/WEEK	GRABWHILE CHLORO
Clamtrol CT-1	Sample Measurement	*	*	*	*	*	*	MG/L		*	*
	Permit Requirement	*	*		*	NOT DETECTABLE			*	WHEN DISCHARG	24 HOUR COMPOSITE
Betz DT-1	Sample Measurement	*	*	*	*	*	*	MG/L		*	*
	Permit Requirement	*	*		*	*	35.0		*	WHEN DISCHARG	24 HOUR COMPOSITE
pH	Sample Measurement	*	*	*	7.60	*	8.39	S U.	0	1/7	GRAB
	Permit Requirement	*	*		*	6.0	*		9.0	*	1/WEEK
	Sample Measurement	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*		*	*	*		*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	TELEPHONE	DATE	
Joseph W. Venzel Chemistry Manager TYPE OR PRINT					
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR
			24	682-5113	02
					09
					27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* CT-1 (CLAMTROL) WAS NOT DISCHARGED IN AUGUST 2002

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
011
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
08
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
08
(28-29)

DAY
31
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.004	0.004		*	*	*		1/7	Est
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Itemized Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Signature of Principal Executive Officer or Authorized Agent

72-682-513
AREA CODE NUMBER

TELEPHONE

DATE
02
YEAR
09
MO
27
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

111

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement		0.002	0.002			*	*	*		1/2	EST
	Permit Requirement		MONITOR AND REPORT				*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement		*	*			*	24.0	24.0		1/7	GRAB
	Permit Requirement		*	*	*		*	30	100	MG/L	1/WEEK	GRAB
Oil and Grease	Sample Measurement		*	*			*	15.0	15.0		1/7	GRAB
	Permit Requirement		*	*	*		*	15	20	MG/L	1/WEEK	GRAB
pH	Sample Measurement		*	*			6.82	*	7.39		1/7	GRAB
	Permit Requirement		*	*	*		60	*	90	S.U	1/WEEK	GRAB
	Sample Measurement		*	*			*	*	*		*	*
	Permit Requirement		*	*	*		*	*	*		*	*
	Sample Measurement		*	*			*	*	*		*	*
	Permit Requirement		*	*	*		*	*	*		*	*
	Sample Measurement		*	*			*	*	*		*	*
	Permit Requirement		*	*	*		*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzel

Chemistry Manager

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

02 09 27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PA FORM 3320-1 (Rev 9 - 88) Previous edition may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)				
PA0025615			211				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measurement	0.062	0.002	MGD	*	*	*	*		1/1	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	18.6	47.0	MG/L	0	1/1	GRAB
	Permit Requirement	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	25.0	25.0	MG/L	0	1/1	GRAB
	Permit Requirement	*	*		*	15	20		1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.03	*	8.42	S.U.	0	1/1	GRAB
	Permit Requirement	*	*		6.0	*	9.0		1/WEEK	GRAB	
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*		*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	TELEPHONE	DATE		
Joseph W. Venzon Chemistry Manager TYPE OR PRINT						
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-5113 AREA CODE NUMBER	02 YEAR	09 MO	27 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT-DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

012

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR: 02

MO: 08

DAY: 01

TO

YEAR: 02

MO: 08

DAY: 31

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	20.001	20.001			*	*	*	*		1/31	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	1/MONTH	ESTIMATE
Total Dissolved Solids	Sample Measurement	*	*			*	664	692			1/7	GRAB
	Permit Requirement	*	*			*	MONITOR AND REPORT			MG/L	1/WEEK	GRAB
Chromium	Sample Measurement	*	*			*	0.002	0.003		0	1/7	GRAB
	Permit Requirement	*	*			*	02	02	MG/L	*	1/WEEK	GRAB
Zinc	Sample Measurement	*	*			*	3.5	7.7		4	1/7	GRAB
	Permit Requirement	*	*			*	1.0	1.0	MG/L	*	1/WEEK	GRAB
Copper	Sample Measurement	*	*			*	0.07	0.16			1/7	GRAB
	Permit Requirement	*	*			*	MONITOR AND REPORT			MG/L	1/WEEK	GRAB
pH	Sample Measurement	*	*			*	8.39	8.39		0	1/31	GRAB
	Permit Requirement	*	*			*	6.0	9.0	S.U.	*	1/MONTH	GRAB
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*			*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Varzon

TYPE OR PRINT

Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

NUMBER

TELEPHONE

724 682-5113

DATE

09 09 27

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* SEE ATTACHED LETTER FOR DETAILS ON EXCURSION



P.O. Box 4, Route 168
Shippingport, PA 15077

September 27, 2002

DMR Clerk
Department of Environmental Protection
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Permit PA0025615, Notice of Non-Compliance
Outfall 012

Dear Sir or Madam:

During the month of August, Outfall 012 (ERF HVAC Blowdown) exceeded the monthly average and monthly maximum Zinc effluent limit of 1.0 mg/L. The Zinc was measured at 2.32 mg/L on August 8, 2002; 7.68 mg/L on August 15, 2002; 2.51 mg/L on August 19, 2002, and 1.71 mg/L on August 26, 2002.

Outfall 012 is the blowdown from the HVAC system at the Beaver Valley Emergency Response Facility (ERF). Zinc in the blowdown is attributed to the corrosion of the HVAC system. Zinc is not added to the system.

Beaver Valley is currently investigating alternative treatment of the HVAC system to minimize corrosion of the system and is working with the Pennsylvania DEP on an acceptable compliance schedule with respect to effluent limits at Outfall 012.

If you have any questions, contact me at 724 682-5113.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. W. Venzon". The signature is fluid and cursive, written over the printed name.

Joseph W. Venzon
Chemistry and Environmental
Manager

DJS

C: J.W. Venzon
S.F. Brown
Central File

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

113

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only)	QUANTITY OR LOADING			(4 Card Only)	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)	
Flow	Sample Measurement	0.016	*	MGD	*	*	*	*	0	1/7	MEAS	
	Permit Requirement	0.043	*		*	*	*		1/WEEK	MEASURED		
BOD-5 Day	Sample Measurement	*	*	*	*	12.0	12.0	MG/L	0	2/31	8HR COMP	
	Permit Requirement	*	*		*	25	50		2/MONTH	COMPOSITE		
Suspended Solids	Sample Measurement	*	*	*	*	5.4	5.4	MG/L	0	2/31	8HR COMP	
	Permit Requirement	*	*		*	30	60		2/MONTH	COMPOSITE		
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.28	0.32	MG/L	0	2/31	GRAB	
	Permit Requirement	*	*		*	1.4	INST. MAX		2/MONTH	GRAB		
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measurement	*	*	*	*	27.0	36.0	#/100ML	0	2/31	GRAB	
	Permit Requirement	*	*		*	200-2000	1000		2/MONTH	GRAB		
pH	Sample Measurement	*	*	*	7.85	*	8.11	S.U.	0	2/31	GRAB	
	Permit Requirement	*	*		*	6.0	9.0		2/MONTH	GRAB		
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENEZ
CHEMISTRY MANAGER
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 09 24
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)				
PA0025615			213				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement				MGD	*	*	*				
	Permit Requirement	MONITOR AND REPORT										
Suspended Solids	Sample Measurement	*	*	*		*	30	100	MG/L		1/WEEK	ESTIMATE
	Permit Requirement											
Oil and Grease	Sample Measurement	*	*	*		*	15	20	MG/L		2/MONTH	GRAB
	Permit Requirement											
pH	Sample Measurement	*	*	*		6.0		9.0	S.U.		2/MONTH	GRAB
	Permit Requirement											
	Sample Measurement	*	*	*		*	*	*				
	Permit Requirement											
	Sample Measurement	*	*	*		*	*	*				
	Permit Requirement											
	Sample Measurement	*	*	*		*	*	*				
	Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venza
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			313				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)			(4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.002	0.002		*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	24.0	24.0	0	1/7	GRAB
	Permit Requirement	*	*	*	*	30	100		1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*		*	15.0	15.0	0	1/7	GRAB
	Permit Requirement	*	*	*	*	15	20		1/WEEK	GRAB
pH	Sample Measurement	*	*		7.01	*	8.31	0	1/7	GRAB
	Permit Requirement	*	*	*	6.0	*	9.0		1/WEEK	GRAB
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOSEPH W. VENZEN CHEMISTRY MANAGER TYPE OR PRINT	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 09 27 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)				
PA0025615			413				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	08	01		02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*	*			
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*			
Suspended Solids	Sample Measurement	*	*	*	*	30	100	MG/L	*	1/WEEK	ESTIMATE	
	Permit Requirement	*	*	*	*				*			
Oil and Grease	Sample Measurement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
	Permit Requirement	*	*	*	*				*			
pH	Sample Measurement	*	*	*	60	*	9.0	S.U.	*	1/WEEK	GRAB	
	Permit Requirement	*	*	*	*	*	*	*	*			
	Sample Measurement	*	*	*	*	*	*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*			
	Sample Measurement	*	*	*	*	*	*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*			
	Sample Measurement	*	*	*	*	*	*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113

AREA CODE NUMBER

DATE
02 09 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

NAME: First Energy Nuclear Operating Company
 ADDRESS: 76 South Main Street
 Akron, OH 44308
 FACILITY: Beaver Valley Power Station
 LOCATION: Shippingport Borough, Beaver County

(2-16) PA0025615
 PERMIT NUMBER
 (17-19) 013
 DISCHARGE NUMBER:
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 02 08 01 02 08 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.08	0.032		*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Total Residual Chlorine	Sample Measurement	*	*		*	0.25	0.30	0	2/31	CAL
	Permit Requirement	*	*	*	*	0.5	1.25	*	2/MONTH	CALCULATE
Copper	Sample Measurement	*	*		*	0.10	0.017		1/1	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		*	1/WEEK	CALCULATE
Chlorobenzene	Sample Measurement	*	*		*					
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		*	2/QUARTER	CALCULATE
Temperature	Sample Measurement	*	86		*	*	*	0	1/7	GRAB
	Permit Requirement	*	110	°F	*	*	*	*	1/WEEK	GRAB (1-s)
Vanide, tot	Sample Measurement	*	*		*	10.02	10.02		2/31	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		S.U.	2/MONTH	CALCULATE
pH	Sample Measurement	*	*		7.60	*	8.04	0	1/7	CALC
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	1/WEEK	CALCULATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joseph W. Varian
 CHEMISTRY MANAGER
 TYPE OR PRINT
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 724 682-5113
 AREA CODE NUMBER
 DATE
 02 09 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.